



# Deputy Sheriff Guide

Open enrollment is your opportunity to adjust benefit coverage. During this open enrollment, you need to decide if you want to:

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- Add or drop enhanced life insurance for yourself? ..... 7
- Add or drop family members from coverage? ..... 7
- Enroll/re-enroll in a Flexible Spending Account? ..... 9

And since all insurance beneficiary records are being updated this year, you *must* complete the blank beneficiary designation sections on the back of your open enrollment form (see “Who are your insurance beneficiaries?” on page 8), sign both sides of the form and *return it by Friday, October 31*, to:

King County Benefits and Retirement Operations  
Exchange Building EXC-ES-0300  
821 Second Avenue  
Seattle WA 98104

This guide follows the layout of your open enrollment form, summarizing all your benefits, including those you cannot change – dental, basic life insurance for you, basic life insurance for your family and basic accidental death and dismemberment (AD&D) insurance for you. If you have any questions regarding this guide or your benefits, please contact the resources listed in the Resource Directory (page 9).

This guide describes certain key features and provides brief summaries of King County deputy sheriff benefit plans. However, it does not provide detailed descriptions. If you have questions about specific plan details, refer to the plan booklets available at [www.metrokc.gov/finance/Benefits/Reg123/RegPlanBooklets.htm](http://www.metrokc.gov/finance/Benefits/Reg123/RegPlanBooklets.htm) or from Benefits and Retirement Operations, or contact the plans. We've made every attempt to ensure the accuracy of the information in this guide. However, if there is any discrepancy between it and the insurance contracts or other legal documents, the legal documents will always govern.

Call 206-684-1556 for alternate formats.

## Do you want to change medical/vision plans?

Section A of your open enrollment form shows your current medical plan and your change options. You may choose from three medical plans; the option you select is also the option your family members receive.

The only changes to medical plans are minor ones to “Ambulance Services” and “Chemical dependency” under Group Health.

Plan Feature	Regence BlueShield	PacifiCare	Group Health
Annual deductible	\$100 per person/\$300 per family	None	None
Copay/office visit	None	\$5	\$7
After deductible/copays, plan pays most covered expenses at ...	80% - 100%	100%	100%
Until you reach your annual out-of-pocket expenses of ... then most expenses are paid at 100% for rest of year	\$375/person (excluding deductible)	\$500 per person/\$1,500 per family	\$1,000 per person/\$2,000 per family
Lifetime maximum	\$1,000,000	No limit	No limit
Requires primary care physician (PCP)	No	Yes	Yes
Additional benefits for LEOFF 1 employees with occupational injuries	None	None	100% ambulance services No emergency room care copay 100% skilled nursing facility care up to 30 days/condition
Alternative care	100%	100% after \$5 copay/visit	100% after \$7 copay/visit Referral required; limits apply; call plan for details
Ambulance services	80%	100%	80% for ground or air transport; 100% for ground transfers when initiated by Group Health (100% for LEOFF 1 with occupational injuries)
Chemical dependency treatment	100% inpatient 100% outpatient \$12,000 maximum/24 months	100% inpatient 100% outpatient \$12,000 maximum/24 months	100% inpatient 100% outpatient after \$7 copay/visit \$11,841 maximum/24 months
Chiropractic care	100%	100% after \$5 copay when referred by PCP 100% after \$10 copay/visit up to 33 visits/year when self-referred (must see a network provider)	100% after \$7 copay/visit when medically necessary
Circumcision	100%	100%	100%
Diabetes care training	100%	100%	100% after \$7 copay/visit

Plan Feature	Regence BlueShield	PacifiCare	Group Health
<b>Durable medical equipment and diabetic equipment</b>	80%	100%	80%
<b>Emergency care</b> (in an emergency room)	80% after \$25 copay (waived for accidental injury, surgery or if directly admitted)	100% after \$50 copay/visit (waived if admitted)	100% after \$75 copay/visit at network facility (waived if admitted) \$125 copay/visit at non-network facility (waived if LEOFF 1 with occupational injuries)
<b>Family planning</b>	Covered at various levels; call plan for details	100%	Covered at various levels; call plan for details
<b>Home health</b>	90% up to 130 visits/year	100% up to 130 visits/year	100%
<b>Hospice care</b>	90% (the greater of 6 months or \$10,000 lifetime maximum)	100% (6-month lifetime maximum)	100% (limits apply; call plan for details)
<b>Hospital care</b>	80% inpatient and outpatient	100%	100%
<b>Lab, x-rays and other diagnostic testing</b>	100% physician services 80% hospital services	100% (includes mammograms, prenatal tests)	100%
<b>Manipulative therapy</b> (including chiropractic services)	See chiropractic care	See chiropractic care	100% after \$7 copay/visit
<b>Maternity care - delivery and related hospital care</b>	100% physician services 80% hospital services	100% after \$10 copay/pregnancy	100%
<b>Maternity care - prenatal and postpartum care</b>	100% physician services 80% hospital services	100% after \$10 copay/pregnancy	100% after \$7 copay/visit
<b>Mental health care - inpatient</b>	100% up to 8 days/year	100% up to 30 days/year; 100% residential and day treatment (also subject to inpatient maximum; each day of care counts as half an inpatient day)	80% up to 12 days/year
<b>Mental health care - outpatient</b>	50% up to 12 visits/year	100% after \$5 copay/visit up to 30 visits/year	100% after \$20 copay/individual, family or couple/visit and \$10 copay/group session up to 20 visits/year
<b>Neurodevelopmental therapy - inpatient</b> (for children age 6 and under)	80% up to \$2,000 annual benefit maximum	100%	100% up to 60 days/condition/year
<b>Neurodevelopmental therapy – outpatient</b> (for children age 6 and under)	80% up to \$2,000 annual benefit maximum	100% after \$10 copay/visit up to 60 visits/condition	100% after \$7 copay/visit up to 60 visits/condition/year
<b>Newborn care</b> (up to at least 3 weeks as mandated by state law)	100% physician services 80% hospital services	Covered at various levels; call plan for details	Covered at various levels; call plan for details

Plan Feature	Regence BlueShield	PacifiCare	Group Health
<b>Physician and other medical and surgical services</b> (includes benefits for mastectomy-related services - reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from mastectomy, including lymphedema; call plans for more information)	100% physician services in an office, home, hospital or skilled nursing facility 100% physician services for surgery 100% lab and x-ray	100% inpatient 100% outpatient after \$5 copay/visit	100% inpatient 100% outpatient after \$7 copay/visit
<b>PKU formula</b>	100%	100%	100%
<b>Prescription drugs - up to 30-day supply through network pharmacies</b>	100% after \$7 copay for generic 100% after \$12 copay for preferred brand 100% after \$27 for non preferred brand Copays do not apply against deductible	100% after \$5 copay/prescription or refill	100% after \$5 copay/prescription or refill
<b>Prescription drugs - up to 90-day supply through mail order</b>	100% after \$14 copay for generic 100% after \$24 copay for preferred brand 100% after \$54 copay for non-preferred brand Copays do not apply against deductible	100% after \$10 copay/90-day supply	100% after \$5 copay/30-day supply
<b>Preventive care</b> (such as routine exams and immunizations)	100%	100% after \$5 copay/visit	100% after \$7 copay/visit
<b>Radiation therapy, chemotherapy and respiratory therapy</b>	100% for radiation and chemotherapy; for respiratory therapy see home health, hospice or hospital care sections	100%	100% after \$7 copay/visit
<b>Rehabilitative services – inpatient</b>	100% up to \$50,000/condition	100%	100% up to 60 days/condition/year
<b>Rehabilitative services – outpatient</b>	80% up to \$2,000/year	100% after \$10 copay/visit up to 60 days or visits/condition/year	100% after \$7 copay up to 60 visits/condition
<b>Skilled nursing facility</b>	80% to 90 days/year	100% up to 150 days lifetime maximum/condition (must be in place of a hospital stay)	100% up to 60 days/condition For LEOFF 1 with occupational injuries up to 30 days/condition
<b>Smoking cessation - sessions</b>	75% after deductible/network provider \$500 lifetime maximum	100% after \$20 copay/network program	100% network provider 1 program/year maximum
<b>Smoking cessation - nicotine replacement</b>	Not covered	100% after \$20 copay for each 4-week supply if prescribed by PCP (90-day treatment maximum)	100% or \$5 copay/30-day supply (whichever is less) for network program

Plan Feature	Regence BlueShield	PacifiCare	Group Health
<b>Sterilization procedures</b>	100%	100%	100% after \$7 copay/visit
<b>Supplemental accident benefits</b>	100% up to \$600/injury Deductible does not apply	Not covered	Not covered
<b>TMJ</b>	Not covered	Not covered	Up to \$1,000 maximum/person/year in plan payments Lifetime maximum of \$5,000/person
<b>Tooth injury</b>	100% physician/dentist/denturist services 80% hospital services (up to \$600/injury) Deductible does not apply	100%	Not covered
<b>Transplants</b> (certain transplants/services only)	100% physician and travel expenses 80% hospital services; (donor organ procurement costs up to \$50,000; travel expenses up to \$2,500/transplant)	100% up to \$500,000 lifetime maximum	100%
<b>Urgent care</b>	Covered at various levels; call plan for details	100% after \$5 copay/visit	100% after \$7 copay/visit
<b>Vision care - eye exams</b>	100% for 1 exam/calendar year Deductible does not apply	100% for 1 exam every 12 months	100% after \$7 copay for 1 exam every 12 consecutive months (must use Group Health providers)
<b>Vision care - eyeglasses</b> (frames and lenses)	Allowance/lens (maximum of 2 separate lenses/calendar year): Single vision \$20 Bifocal \$30 Trifocal \$40 Lenticular or aphakic \$65 Frames (every 2 years) \$30	100% for 1 pair of glasses and frames/person/24 months (Vista vision providers) 100% to maximum allowable benefit of \$100 (non-participating providers)	Not covered
<b>Vision care - contact lenses</b> (instead of glasses)	Medically necessary, up to \$100/lens provided only for aphakia or if vision is correctable to 20/70 or better only by use of contact lenses If cosmetic, single lens allowance applies Deductible does not apply	100% up to \$100 for standard contacts (benefits limited to once every 24 months)	Not covered

## Dental

Section B of your open enrollment form shows dental coverage provided by Washington Dental Service. There are no open enrollment decisions to make regarding this coverage; you cannot change it. However, the coverage is summarized here for your convenience. The coverage will remain unchanged in 2004.

Under Washington Dental Service, you may use any dentist you wish (most dentists in Washington participate in the WDS plan), but the benefits are generally higher (your out-of-pocket expenses are less) and the dentist automatically files your claim if you see a WDS dentist.

For diagnostic and preventive services as well as basic and restorative services, the payment level starts at 70% and increases 10% in January of each year until you reach 100%, as long as you visit your dentist each year. If you do not see the dentist during the calendar year your payment level is reduced to the next lower payment level, but never below 70%.

Washington Dental Service	
<b>Annual deductible</b>	None, but you and each covered family member pay coinsurance (if any), amounts in excess of usual and customary rates (unless you see a participating dentist) and expenses for services not covered.
<b>Annual maximum benefit</b> (doesn't apply to orthodontic or TMJ services)	\$2,500/person
Covered Expenses	Plan Pays
<b>Diagnostic and preventive services</b> (1 exam and cleaning every 6 months, complete x-rays every 3 years, supplemental bitewing x-rays every 6 months)	70% - 100% based on your incentive level; see dental booklet for details
<b>Basic services</b> (fillings, stainless steel crowns, extractions, root canals, periodontics)	70% - 100% based on your incentive level; see dental booklet for details
<b>Major services – restorative</b> (crowns, onlays, fixed bridges)	70% - 100% based on your incentive level; see dental booklet for details
<b>Major services – prosthodontics</b> (dentures)	70%
<b>Orthodontic services - adults and children</b>	60%, up to a \$2,500 lifetime benefit maximum
<b>Orthognathic surgery</b>	70% up to a \$5,000 lifetime benefit maximum
<b>Accidental injury</b>	100%

## Basic life insurance for you

Section C of your open enrollment form shows your county-paid basic life insurance coverage. There are no open enrollment decisions to make regarding this coverage; you cannot change it. If you die for any reason the beneficiaries you designate receive \$6,000.

In 2003, life insurance became portable. If you terminated employment with the county (but not if you retired or left employment due to a disability), you could continue to pay the insurance company directly for the basic and enhanced coverage (Section E) you had on your last day of employment until you reach age 75.

In 2004, there are two changes to the portability option:

- You may exercise the portability option if you retire (in addition to if you terminate employment, but still not if you leave employment due to a disability)
- You may continue to pay the insurance company for portability coverage until you reach age 99 (instead of 75); however, the coverage is reduced to:
  - 35% of the original amount on January 1 following the date you reach age 65
  - 60% of the original amount on January 1 following the date you reach age 70
  - 75% of the original amount on January 1 following the date you reach age 75.

To continue coverage, you must request a Portability Application from Aetna (see Resource Directory) and return the completed form with your first premium payment within 31 days of the date your county coverage ends.

If you die during the 31 days, your beneficiary or estate will receive the full amount of your life insurance coverage in force before it ended. This payment is made under the group policy, whether or not you actually applied to continue coverage. If you applied, any fees or premiums you paid are refunded.

## Basic life insurance for your family

Section D of your open enrollment form shows your county-paid basic life insurance coverage for family members. There are no open enrollment decisions to make regarding this coverage; you cannot change it. If you enroll them and an eligible spouse, domestic partner or child (14 days or older) dies, you receive \$1,000.

If you continue your own coverage under the portability option, you may pay to continue family coverage for a spouse/domestic partner until he/she is 65 and a child until he/she is 19 (23 if solely dependent on you for support).

## Do you want to add or drop enhanced life insurance for yourself?

Section E of your open enrollment form shows the enhanced life insurance you currently elect for yourself and your change options. During open enrollment you may add or drop coverage; if you add it during open enrollment, evidence of insurability is required (the insurance plan will contact you after your open enrollment form is received by Benefits and Retirement Operations).

You may purchase enhanced life in the amount of your base annual salary less \$6,000. If you elect this enhanced coverage, you pay the full cost of \$.334/\$1,000 each month (the rate is the same in 2004 as it was in 2003). If you die for any reason, the beneficiaries you designate receive the amount you elect in addition to your county-paid basic life insurance benefit.

An example to help you figure the cost: If your base annual salary is \$45,000 and you elect enhanced coverage, your enhanced coverage amount is  $\$45,000 - \$6,000 = \$39,000$ . You pay  $\$.334 \times 39 = \$13.03$  each month for this amount.

Please keep in mind:

- You may drop enhanced life any time (not just during open enrollment), but if you use your open enrollment form to do so, the change does not become effective until January 1, 2004.
- If you drop enhanced life, you may add it again:
  - During the next open enrollment (evidence of insurability is required)
  - Between open enrollments when certain qualifying events occur (for example, you marry/establish a new domestic partnership or a new dependent child becomes eligible; no evidence of insurability is required)
- Enhanced life insurance, like basic life insurance, is portable (see “Basic life insurance for you”).

## Basic AD&D insurance for you

Section F of your open enrollment form shows your county-paid basic accidental death and dismemberment insurance coverage. There are no open enrollment decisions to make regarding this coverage; you cannot change it. If you die in a covered accident, the beneficiaries you designate receive \$6,000 in addition to your life insurance. If you are dismembered or paralyzed, you receive an amount that depends on the type of loss.

## Do you want to add or drop family members from coverage?

Section G of your open enrollment form shows the family members you cover now. During open enrollment you may add or drop family members from coverage, or correct any family information on the open enrollment form that is wrong (cross out the wrong information and write in the correct information).

The following family members are eligible for coverage if you add them:

- Your spouse/domestic partner (attach a copy of your marriage certificate or complete and return the Affidavit of Marriage/Domestic Partnership included in this guide)
- Unmarried children of you or your spouse/domestic partner if they are under age 23 and chiefly dependent on you for support and maintenance (generally, that means you may claim them on your federal tax return); they may be your:
  - Natural children
  - Adopted children (or children legally placed with you for adoption or for whom you assume total or partial legal obligation for support in anticipation of adoption)
  - Stepchildren
  - Legally designated wards (legally placed foster children, children placed with you as legal guardian or children named in a Qualified Medical Child Support Order; attach appropriate documentation).

Parents and other relatives who are not members of your immediate family are not eligible for coverage.

To add new family members, fill in the blank lines. The new family members will be added for coverage effective January 1, 2004. To protect privacy, Social Security numbers of currently covered family members are not shown on open enrollment forms, but if you add new family members for coverage, you *must* provide their complete Social Security numbers.

To drop currently covered family members, cross their names off and complete the “COBRA notification” sections below the list of covered family members. They will be dropped from coverage according to the date you provide for the qualifying event.

There is no cost to cover family members, but when you cover a domestic partner (DP) and his/her children for health benefits (medical, dental, vision) the IRS taxes you on the value of the coverage. This value is added to the salary shown on your paycheck (and W-2 at the end of the year), federal income and Social Security (FICA) taxes are withheld on the higher salary amount, and then the value is subtracted from your salary.

Monthly taxable values for the different combinations of health plans are shown in the following table.

Monthly Taxable Value of Health Plans	DP Only		DP's Children		DP + DP's Children	
	2003	2004	2003	2004	2003	2004
Regence BlueShield + Dental	\$ 326.61	\$ 446.18	\$ 281.03	\$ 383.97	\$ 607.64	\$ 830.15
PacifiCare + Dental	\$ 316.89	\$ 379.14	\$ 257.54	\$ 307.24	\$ 574.43	\$ 686.38
Group Health + Dental	\$ 329.79	\$ 379.96	\$ 296.95	\$ 342.31	\$ 626.74	\$ 722.27

## Who are your insurance beneficiaries?

Sections I and J on the back of your open enrollment form are blank. During this open enrollment, all beneficiary records are being updated, so you *must* complete these sections and return your open enrollment form *by Friday, October 31*.

Beneficiary records are being updated this year for two reasons:

- It's common practice for employers to periodically update all beneficiary records. The last time King County did a comprehensive update was in 1996. Since there are few benefit changes this year, it's a good time to take care of this recordkeeping task.
- All beneficiary records are currently stored in paper files. Though we're asking you to return a paper form this year, the beneficiary information you provide will be data entered into the Employee Benefits Management System after open enrollment and stored electronically. That means that after the first of the year when data entry is complete, Benefits and Retirement Operations will be able to more easily access, update and provide you with your beneficiary information.



If you do not take this opportunity to provide updated beneficiary information, the plans and the State of Washington regulations will determine your beneficiaries for you. For life and AD&D insurance, benefits are paid to your spouse, your children, your parents or your siblings, in that order. If none of them survives you, benefits are paid to your estate.

Complete your beneficiary information (your spouse must complete Section K if you're married and designate anyone other than or in addition to him/her as a primary beneficiary) and return your open enrollment form. Please do not call Benefits and Retirement Operations for your current beneficiary information; with 13,000 employees, staff members are unable to check everyone's beneficiary information in the current paper file system.

## Do you want to enroll/re-enroll in a Flexible Spending Account?

Flexible Spending Accounts (FSAs) allow you to set aside pretax dollars from your paycheck to pay for expenses not covered through your other benefits. When you put money into an FSA you do not pay federal or Social Security (FICA) taxes on it. As a result, your taxable income is reduced and your taxes are lower.

- Health Care FSAs allow you to set aside pretax dollars to pay for certain expenses not covered by your medical, dental and vision plans (for example, copays for office visits and the cost of orthodontia not fully paid by your dental plan).
- Dependent Care FSAs allow you to set aside pretax dollars to pay for eligible dependent care expenses for your child, disabled spouse or dependent parent while you and your spouse work.

Please refer to the separate Flexible Spending Accounts Guide provided with your open enrollment materials for additional details and an FSA Enrollment/Re-enrollment Form. If you want to enroll in an FSA beginning January 1, 2004, or are currently enrolled and want to continue participating in 2004 (you must re-enroll each year to continue participating), complete the FSA Enrollment/Re-enrollment Form included in the separate guide and return it with your open enrollment form *by Friday, October 31*. Otherwise, you must wait for a qualifying event or the next open enrollment to enroll/re-enroll.

## Resource Directory

If no TTY phone number is listed, please call 711 to access the TTY Relay Service.

For Questions About ...	Contact ...
<b>Benefit – Eligibility and Enrollment</b>	<b>Sheriff's Office Personnel Unit</b> KC Courthouse KCC-SO-0100, 516 Third Ave., Seattle WA 98104-2312 Phone 206-205-7601 Fax 206-684-1925
<b>Benefits -- General</b> <ul style="list-style-type: none"> <li>• Open enrollment and making changes</li> <li>• Flexible spending account enrollment</li> <li>• Life and accidental death and dismemberment insurance plan details</li> <li>• Alternate formats</li> </ul>	<b>Benefits and Retirement Operations</b> Exchange Building EXC-ES-0300, 821 Second Ave., Seattle 98104-1598 Phone 206-684-1556 ■ 1-800-325-6165 x41556 (outside local calling area) Fax 206-684-1925 Email <a href="mailto:kc.benefits@metrokc.gov">kc.benefits@metrokc.gov</a> Web <a href="http://www.metrokc.gov/finance/benefits">www.metrokc.gov/finance/benefits</a>
<b>Dental</b> <ul style="list-style-type: none"> <li>• Providers</li> <li>• Claims and appeals</li> <li>• Other plan details</li> </ul>	<b>Washington Dental Service</b> PO Box 75983, Seattle WA 98125-0688 Phone 206-522-2300 ■ 1-800-554-1907 E-mail <a href="mailto:cservice@deltadentalwa.com">cservice@deltadentalwa.com</a> Web <a href="http://www.DeltaDdentalWA.com">www.DeltaDdentalWA.com</a>

For Questions About ...	Contact ...
<b>Flexible Spending Accounts</b> <ul style="list-style-type: none"> <li>Account balances</li> <li>Reimbursement</li> <li>Other plan details</li> </ul>	<b>Associated Administrators Inc.</b> PO Box 3199, Portland OR 97208-3199 Phone 1-800-334-4340 ■ 1-800-428-4833 TDD Fax 1-800-979-8987 E-mail flex@aai-tpa.com Web www.aai-pca.com
<b>Life Insurance</b> <ul style="list-style-type: none"> <li>Conversion or portability option when you leave employment</li> <li>Evidence of Insurability (EOI)</li> <li>For claims, contact Benefits and Retirement Operations</li> </ul>	<b>Aetna</b> Phone 1-800-826-7448 (conversion/portability) ■ 1-800-523-5065 (EOI)
<b>Medical/Vision -- General</b> <ul style="list-style-type: none"> <li>Providers (doctors, hospitals, etc.)</li> <li>Claims and appeals</li> <li>Identification cards</li> <li>Drug formulary (covered drugs, including generic, preferred brand and non-preferred brand)</li> <li>Preauthorization</li> <li>Other plan details (covered expenses, limitations, exclusions)</li> </ul>	<b>Regence BlueShield</b> PO Box 30271, Salt Lake City UT 84130 Phone 1-800-544-4246 Web www.regence.com (e-mail through Web site) <b>PacifiCare</b> PO Box 6092, Cypress CA 90630-0092 Phone 1-800-932-3004 ■ 711 TTY Relay Service Web www.pacificare.com (e-mail through Web site) <b>Group Health Cooperative</b> PO Box 34585, Seattle WA 98124-1585 Phone 206-901-4636 ■ 1-888-901-4636 ■ 711 TTY Relay Service E-mail info@ghc.org Web www.ghc.org
<b>Medical -- Prescription Mail Order Service</b> <ul style="list-style-type: none"> <li>Mail order prescriptions</li> <li>Claims and appeals</li> </ul>	<b>Regence BlueShield members use Postal Prescription Services</b> PO Box 42200, Portland OR 9742-0200 Phone 1-800-552-6694 ■ 711 TTY Relay Service E-mail usmyrrx1@ibmmail.com Web www.ppsrx.com <b>PacifiCare members use Prescription Solutions</b> PO Box 509075, San Diego CA 92150-9075 Phone 1-800-562-6223 ■ 711 TTY Relay Service Web www.pacificare.com (e-mail through Web) <b>Group Health members use Group Health</b>

# Affidavit of Marriage/ Domestic Partnership



If you add a new spouse/domestic partner for coverage, submit this affidavit with your open enrollment form to Benefits and Retirement Operations, Exchange Building EXC-ES-0300, 821 Second Ave., Seattle 98104 **by Friday, October 31.**

## ► Check all boxes that apply

- ☐ Add my spouse/domestic partner (DP) for benefit coverage.
- ☐ This form documents my marriage/domestic partnership, but do not add my spouse/domestic partner for coverage at this time.
- ☐ My spouse/DP is also a King County employee.

## ► Check one of the following boxes and provide the date

- ☐ I (employee) certify my spouse (named below) and I legally married (date) \_\_\_\_\_.
- ☐ I (employee) certify my domestic partner (named below) and I began our domestic partnership (date) \_\_\_\_\_ and we:
  - Share the same regular and permanent residence
  - Have a close personal relationship
  - Are jointly responsible for basic living expenses\*
  - Are not married to anyone
  - Are both 18 years of age or older
  - Are not related by blood closer than would bar marriage in the State of Washington
  - Were mentally competent to consent to contract when our domestic partnership began, and
  - Are each other's sole domestic partners and are responsible for each other's common welfare.

*\* Basic living expenses means the cost of basic food, shelter and any other expenses of a domestic partner paid at least in part by a program or benefit for which the partner qualified because of the domestic partnership. Individuals need not contribute equally or jointly to the cost of these expenses as long as they both agree they are responsible for the cost.*

## ► Authorization

*I understand this affidavit will no longer be effective if my spouse/domestic partner dies or if there is a change of circumstances attested to in this affidavit. I agree to notify Benefits and Retirement Operations or the appropriate payroll/personnel representative if there is any change of circumstances attested to in this affidavit within 30 days of such change by filing a Delete Family Member form. I understand the willful falsification of information on this affidavit may lead to disciplinary action up to and including discharge from employment.*

*We understand this information will be held confidential and subject to disclosure only upon express written authorization or if otherwise required by law. We understand this declaration of responsibility for our common welfare may have legal implications under Washington State law. We understand a civil action may be brought against us for any losses, including reasonable attorney fees, because of a false statement contained in this Affidavit of Marriage/Domestic Partnership. We certify under penalty of perjury, under the laws of the State of Washington, the foregoing is true and correct.*

## Employee

Employee signature \_\_\_\_\_ Date signed \_\_\_\_\_

Printed name \_\_\_\_\_ Contact phone (\_\_\_\_\_) \_\_\_\_\_

Paid ☐ 5<sup>th</sup> and 20<sup>th</sup> ea month ☐ Every other Thursday PeopleSoft pay ID or Soc Sec No \_\_\_\_\_

## Spouse/Domestic Partner

Spouse/DP signature \_\_\_\_\_ Date signed \_\_\_\_\_

Printed name \_\_\_\_\_

